

IFW



July 31, 2008

U.S. Patent and Trademark Office  
Commissioner of Patent and Trademarks  
P.O. Box 1450  
Alexandria, VA22313-1450

Dear Commissioner of Patent and Trademarks:

I am requesting Standing. My husbands name was Joseph J. Spranza III.

Joe had several patent and patent applications. The specific issue I am presently working on is application # 10/697,444. I believe this is a Continuation in Part to patent # 9.697.463. The Continuation in Part is referred to as Safe Trochar with Guide for Placement of Surgical Drains.

These application needs to be revived and I understand that I need standing in order to do this.

I have enclosed the Court Order signed and given to me by the federal Judge and in this instance referred to as Saf-Trochar, also, a copy of Joe's Death Certificate.

If you need any additional information please advise me as soon as possible, as I am working on the revival paperwork as we write.

Thank you,

A handwritten signature in cursive script that reads "Susan Spranza". The signature is written in black ink and is positioned below the "Thank you," text.

Susan Spranza  
12493 Old Rough and Ready Hwy  
Grass Valley, California 95945

Phone 916/300-1320  
Or Phone 530/273-1987

Enclosed 3pages

2  
1 Michael F. Burkart, Chapter 7 Trustee  
5150 Fair Oaks Blvd., #101-185  
2 Carmichael, CA 95608  
3 Tel: (916) 485-0412  
E-mail: [burkart@cwo.com](mailto:burkart@cwo.com)

4  
5 UNITED STATES BANKRUPTCY COURT  
6 EASTERN DISTRICT OF CALIFORNIA  
7 SACRAMENTO DIVISION

8  
9  
10 In re:

11 JOSEPH J. SPRANZA,

12 Debtor.

Case No. 04-25484-A-7

DCN: MFB - 6

DATE: March 31, 2008

TIME: 9:00 A.M.

DEPT: A

COURTROOM: 28 (7<sup>th</sup> Floor)

14  
15 ORDER ON TRUSTEE'S MOTION TO APPROVE A DISTRIBUTION IN KIND  
16 TO THE SOLE REMAINING CREDITOR

17 The Motion of Michael F. Burkart, being the duly appointed Chapter 7 Trustee (the "Trustee")  
18 in the above-captioned case of Joseph J. Spranza (the "Debtor"), requesting an order authorizing the  
19 distribution in kind concerning the personal property held under the Bankruptcy Estate, was heard  
20 pursuant to this Court's regular Law and Motion calendar on March 31, 2008. The Trustee appeared  
on his own behalf at the hearing. Other appearances were noted on the record.

21 There was no opposition filed nor argued at the hearing with regard to the Trustee's Motion  
22 requesting an authorization of the distribution in kind of the remaining Personal Property.

23 The Court, having duly considered the Trustee's Motion and the Court's file herein, and good  
cause appearing therefor, ordered as follows:

24 IT IS HEREBY ORDERED THAT:

- 25 A. The Trustee's Motion for an order authorizing the distribution in kind concerning the  
26 remaining Personal Property held under the Bankruptcy Estate is granted.

1 B. The Trustee is authorized to distribute the remaining Personal Property of the Estate to  
2 Susan Spranza as provided under Proof of Claim No. 8, filed on January 24, 2008.

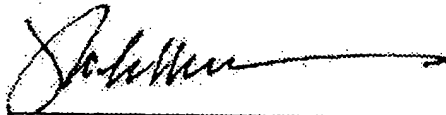
3 C. Immediately upon entry of this order, the following described Personal Property of the  
4 Estate shall be distributed in kind to Susan Spranza:

- 5 • Stock ownership in Special Devices, Inc.(SDI)
- 6 • Special Devices owes past due wages
- 7 • Special Devices owes personal loans
- 8 • Misc. Patents:
  - 9 a) Personal patent (promised to be assigned to SDI) – Flexi
  - 10 b) Shared patent (promised to be assigned to SDI) – AFRS, TOB
  - 11 c) Co-owned (licensed to SDI) - Safe Trochar
  - 12 d) 3<sup>rd</sup> party ownership (licensed to SDI) - Bone Biopsy
  - 13 e) Patent application (to be assigned to SDI) – Trephine
- 14 • 1980 Rolls Royce Camargue
- 15 • Moto Guzzi motorcycle
- 16 • 1957 Alfa Romeo Spider
- 17 • 1980 Maserati Quattro Porte
- 18 • 1991 Chrysler TC
- 19 • Misc. equipment used exclusively by SDI

20 D. The Trustee is authorized to execute any and all documents necessary to complete the  
21 distribution of the remaining Personal Property of the Estate.

22 Dated: 01 April, 2008

By the Court

23  
24  
25  
26  


Michael S. McManus, Chief Judge  
United States Bankruptcy Court

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF PLACER**

Auburn, California 95603

**CERTIFICATE OF DEATH**

3200731001533

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
JOSEPH		SPRANZA III	
2. MIDDLE		4. DATE OF BIRTH	
JOHN		05/28/1938	
5. AGE Yrs.		6. SEX	
69		M	
7. DATE OF DEATH		8. HOUR (24 Hours)	
07/09/2007		0115	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
NJ		456-58-1181	
11. EVER IN U.S. ARMED FORCES		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level (Degrees, certificates, etc.)		14. DECEDENT'S RACE - Up to 2 races may be listed (see worksheet on back)	
DOCTORATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
DEVELOPER		MEDICAL INSTRUMENTS	
17. YEARS IN OCCUPATION		18. YEARS IN INDUSTRY	
45			
19. DECEDENT'S RESIDENCE (Street and number or location)			
12493 OLD ROUGH AND READY HIGHWAY			
20. CITY		21. STATE/PROVINCE	
GRASS VALLEY		NEVADA	
22. ZIP CODE		23. YEARS IN COUNTY	
95945		19	
24. STATE/FOREIGN COUNTRY		25. INFORMATION NAME, RELATIONSHIP	
CALIFORNIA		SUSAN SPRANZA, WIFE	
26. NAME OF SURVIVING SPOUSE - FIRST		27. INFORMATION MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
SUSAN		12493 OLD ROUGH & READY HWY, GRASS VALLEY, CA 95945	
28. MIDDLE		29. LAST ( Maiden Name)	
MARGARET		ILLGEN	
30. NAME OF FATHER - FIRST		31. LAST	
JOSEPH		SPRANZA JR	
32. BIRTH STATE		33. BIRTH STATE	
NJ		NJ	
34. NAME OF MOTHER - FIRST		35. MIDDLE	
ELIZABETH		DROST	
36. BIRTH STATE		37. BIRTH STATE	
NJ		NJ	
38. DISPOSITION DATE		39. PLACE OF FINAL DISPOSITION	
07/15/2007		UCSF WILLED BODY PROGRAM	
40. TYPE OF DISPOSITION		41. SIGNATURE OF EMBALMER	
SU		NOT EMBALMED	
42. NAME OF FUNERAL ESTABLISHMENT		43. LICENSE NUMBER	
UCSF WILLED BODY PROGRAM		NONE	
44. SIGNATURE OF LOCAL REGISTRAR		45. DATE	
RICHARD J. BURTON, MD		07/12/2007	
46. PLACE OF DEATH		47. IF HOSPITAL, SPECIFY ONE	
SUTTER AUBURN FAITH HOSPITAL		<input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER THAN HOSPITAL, SPECIFY ONE	
48. COUNTY		49. CITY	
PLACER		AUBURN	
50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		51. CITY	
11815 EDUCATION ST		AUBURN	
52. CAUSE OF DEATH		53. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (First disease or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IN METASTATIC CANCER OF UNKNOWN PRIMARY		54. WEEK	
55. UNDERLYING CAUSE (Underlying cause is the disease or injury that initiated the events resulting in death) LAST		56. BIRTH REPORTED TO CORONER?	
12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 12		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
RENAL FAILURE, LIVER FAILURE		57. AUTOPSY PERFORMED?	
58. WAS OPERATION PERFORMED FOR ANY CONDITION IN 12? (If yes, list type of operation and date.)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CT LIVER BIOPSY 06/15/2007		59. USED IN DETERMINING CAUSE?	
60. IF FEMALE, PREGNANT IN LAST YEAR?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
61. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		62. SIGNATURE AND TITLE OF CERTIFIER	
63. DECEASED REPORTED SINCE		LARS JAKOB JAKOBSEN M.D.	
64. DECEASED LAST SEEN ALIVE		65. LICENSE NUMBER	
06/24/2007		G77316	
66. DATE OF DEATH		67. DATE	
07/08/2007		07/12/2007	
68. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		69. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
70. MANNER OF DEATH		LARS JAKOB JAKOBSEN M.D.	
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		3111 PROFESSIONAL DRIVE, AUBURN, CA 95603	
71. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		72. BLAMED AT WORK?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
73. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		74. INJURY DATE	
		122. HOUR (24 Hours)	
75. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		123. SIGNATURE OF CORONER / DEPUTY CORONER	
		124. DATE	
76. SIGNATURE OF CORONER / DEPUTY CORONER		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
77. STATE REGISTRAR		78. FAX AUTH. #	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF PLACER

07/24/2007

\*000236391\*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

Richard J. Burton, M.D.  
HEALTH OFFICER AND LOCAL REGISTRAR

